

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034866

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4669

STATE FILE NUMBER

FILED SEP 24 1962

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in lb <b>30 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>College Avenue Nursing Home; 2425 College</b>		d. STREET ADDRESS (If outside, give location) <b>1119 East 8th. St.</b>	
3. NAME OF DECEASED (Type or print) First <b>ANNA</b> Middle <b>LITTLE</b> Last <b>LITTLE</b>		4. DATE OF DEATH Month <b>9</b> Day <b>8</b> Year <b>62</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-9-82</b>
9. AGE (last birthday) <b>80</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Garment Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Betty Lou Mfg. Co. Harrison, New Jersey U.S.A.</b>	
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <b>James Burns</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Dayoe</b>	
14. NAME OF HUSBAND OR WIFE <b>Luther Little</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>K.C. Records: Jackson County Welfare Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Hypertension</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>10 years</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>5 years</b> <b>10 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>5:15 p.m.</b> Month, Day, Year <b>8-28-62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>428 South White Ave</b>	
20g. COUNTY <b>Kansas City, Kansas</b>		20h. STATE <b>9-8-62</b>	
21. I attended the deceased from <b>8-28-62</b> to <b>9-8-62</b> and last saw her alive on <b>9-8-62</b> Death occurred at <b>5:15 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE <b>Frank Paul Laureman m.d.</b> (Degree or title)	
22b. ADDRESS <b>428 South White Ave</b>		22c. DATE SIGNED <b>9-8-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>9-12-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Calvary Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Kansas</b>		23e. STATE <b>Kansas</b>	
24. FUNERAL DIRECTOR <b>WEILERT FUNERAL HOMES(S) K.C., MO.</b>		25. DATE RECD. BY LOCAL REG. <b>9-12-62</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>		27. DATE SIGNED	

DOCUMENT

BY AFFIDAVIT OF  
Frank Paul Laureman m.d.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*B. E. Weichert*

Licensed Embalmer No.

*4075*

P. O. Address

*208, Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.